Approved for use through 7/31/2006 OMB 0661-0032

Under the Paperson Reduction Act of 1995, no persons are required to respond to a coffection of information unless 8 displays a valid OMB control number. Substitute for Form PTO-875 Application or Docket Number Effective December 8, 2004 APPLICATION AS FILED - PART I (Column 1) OTHER THAN (Column 2) SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED BASIC FEE NUMBER EXTRA RATE (\$ (37 CFR 1 16(4) (b) ar (c)) FEE (1) NA RATE (S) N/A FEE (1) SEARCHFEE AUA 150.00 (37 CFR 1 16(N. (4. or (m)) N/A 300.00 N/A N/A EXAMINATION FEE NA (37 CFR 1 18(d. (p). or (q)) N/A NA N/A TOTAL CLAIMS NVA (37.CFR 1 16(4) N/A minus 50 = INDEPENDENT CLAIMS X\$ 25 (37 CFR 1 16(N)) X\$50 OR **காரு 3** 👓 X100 if the specification and drawings exceed 100 X200 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each (37 CFR 1 16(4)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR | 1841) +180= * If the difference in column 1 is less then zero, enter "0" in column 2. +360= TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3): CLAIMS SMALL ENTITY OR : OTHER THAN HIGHEST REMAINING SMALL ENTITY NUMBER 16/05 PRESENT AMENDMENT AFTER RATE (\$) PREVIOUSLY MENDMENT ADDI-EXTRA RATE(\$) PAID FOR TIONAL Total ADDI-Minus FEE (S) TIONAL 3 Independent D7 CFR 1.160.11 X\$ 25 FEE (1) Minus X\$50 OR ~ X100 Application Size Fee (37 CFR 1.16(s)) X200 TO LOG ÓΒ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) +180= +360= OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST 8 REMAINING NUMBER FENT PRESENT AFTER. RATE (\$) PREVIOUSLY ADDI-EXTRA AMENDMENT RATE (\$) PAID FOR TIONAL ADDI-Total Minus FEE (\$) TIONAL FEE (\$) Independent : X\$ 25 Minus X\$50 OR Application Size Fee (37 CFR 1.16(s)) X100 X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) +180= +360≈ ÓR TOTAL ' • If the entry in column 1 is less than the entry in column 2, write "O" in column 3.

• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "20". ADD'L FEE TOTAL OR ADD'L FEE The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1 B collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the PTO to piecess) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, biding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient of the Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS

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